



LETTER TO THE EDITOR

Preliminary results of an Acceptance and Commitment Therapy (ACT) brief group intervention for psychosis

Paula Castilho¹, Ana Margarida Pinto¹, Ricardo Viegas¹, Sérgio Carvalho¹, Nuno Madeira^{2,3}, and Maria João Martins¹

Abstract

Acceptance and Commitment Therapy (ACT) is a contextual-behavioral therapy with promising results in various psychological disorders, including psychosis. This study aims to compare the potential benefits of a 4-session ACT group intervention with the interventions commonly offered in Portugal. ACT participants improved in a wider range of measures and 2 of the 3 patients improved significantly in both symptoms, cognitive processes and positive indicators of adjustment (without any deterioration). Future studies should explore the relationship between participants' clinical profile and benefits from ACT interventions.

Keywords: Psychosis, Acceptance and Commitment Therapy, Brief group intervention, Reliable change index.

¹Cognitive-Behavioural Research Centre (CINEICC), University of Coimbra, Coimbra, Portugal

²Psychiatry Department, Coimbra Hospital and University Centre, Coimbra, Portugal

³Psychological Medicine Department, Faculty of Medicine - University of Coimbra, Coimbra, Portugal

Citation: Castilho et al. Preliminary results of an Acceptance and Commitment Therapy (ACT) brief group intervention for psychosis. *IJCNMH* 2015; 2:6

Received: 08 Jun 2015; Accepted: 11 Nov 2015; Published: 18 Nov 2015

Correspondence: Paula Castilho

CINEICC, Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra

Rua do Colégio Novo, Apartado 6153, 3001-802 Coimbra, Portugal

Email address: paulacastilho@fpce.uc.pt



Open Access Publication Available at <http://ijcnmh.arc-publishing.org>

© 2015 Castilho et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Introduction

Acceptance and Commitment Therapy (ACT) is a contextual-behavioral therapy with promising results in various psychological disorders, including psychosis [1]. This study aims to compare the potential benefits of a 4-session ACT group intervention with the interventions commonly offered in Portugal.

Methods

All procedures were approved by the ethics committee of Centro Hospitalar Universitário de Coimbra. Recruitment was performed by experienced psychiatrists. The main inclusion criteria were established paranoid schizophrenia and age ≥ 18 years. Participants were excluded if: (a) diagnosis was of another psychotic disorder; (b) severe cognitive deficits and severe symptomatology prevented patients from participating in group sessions. We enrolled 7 outpatients (4 male) with a mean age of 39 years (± 7.29). All participants were taking anti-psychotic medication and three of them had previous hospitalization(s).

Participants were randomly assigned to three conditions (ACT, $n=3$; Psychoeducation, $n=2$; Pharmacotherapy, $n=2$). ACT and Psychoeducation were delivered in a 90-minute weekly sessions. The ACT intervention was adapted from existing interventions [2], promoting the contact with the present moment, values clarification, cognitive defusion and acceptance.

Participants were assessed at baseline and post-treatment with: Acceptance and Action Questionnaire II, Cognitive Fusion Questionnaire [3], Paranoia Checklist, Social Safety and Pleasure Scale [4]; Depression, Anxiety Stress Scales-21; and World Health Organization Quality of Life-Brief.

Results

Results of the reliability and clinical significance of the improvement between pre- and post-assessment (Reliable Change Index' Statistic5) are listed on Table 1.

Discussion and Conclusion

This is the first pilot study of ACT for psychosis in Portugal. Our results follow previous research on third generation therapies for psychosis [1,2]. ACT participants improved in a wider range of measures and 2 of the 3 patients improved significantly in both symptoms, cognitive processes and positive indicators of adjustment (without any deterioration). One participant, however, deteriorated. Future studies should explore the relationship between participants' clinical profile and benefits from ACT interventions (studies have found different treatment responses depending on clinical presentation [2]). In all participants receiving other interventions we can observe significant deterioration in some measures. However these partici-

pants also showed significant improvements (which could be expected since all participants were receiving active treatment). Unspecific effects could also have played a role in improvement (e.g. therapeutic relationship, group format effects).

The limitations of this pilot study must be considered, namely the small sample size, the uncontrolled effect of confounding variables (e.g., medication), and the absence of a follow-up assessment.

Despite the exploratory and preliminary nature of our study (which limits the generalization of results), we believe that these findings support the need and relevance of further research and clinical attention in this area.

Abbreviations

ACT: Acceptance and Commitment Therapy

Acknowledgements

The authors would like to thank the participants who volunteered for this study.

Competing interests

The authors declare no conflict of interest.

References

1. Bach P, Gaudiano B, Hayes S, Herbert J. Acceptance and commitment therapy for psychosis: Intent to treat, hospitalization outcome and mediation by believability. *Psychosis* 2012; 5(2):166-174.
2. Bach P, Hayes SC. The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *J Consult Clin Psychol* 2002; 70:1129-1139.
3. Gillanders DT, Bolderston H, Bond FW, Dempster M, Flaxman PE, Campbell L, et al. The Development and Initial Validation of the Cognitive Fusion Questionnaire. *Behav Ther* 2014; 45(1):83-101.
4. Gilbert, P., McEwan, K., Mitra, R., Richter, A., Franks, L., Mills, A. et al. An exploration of different types of positive affect in students and patients with bipolar disorder. *Clinical Neuropsychiatry* 2009; 6(4):135-143.
5. Jacobson NS, Truax P. Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *J Consult Clin Psychol* 1991; 59(1):12-19.

Table 1. Participants' scores and reliable change indexes (RCI) in all measures, according to condition.

	Pharmacotherapy (n=2)						Psychoeducation (n=2)						ACT (n=3)					
	Participant 1			Participant 2			Participant 1			Participant 2			Participant 1			Participant 2		
	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI
PC frequency	34	49	14.28	22	22	0	29	43	13.32	55	41	-13.32	64	70	5.71	18	18	0
PC conviction	60	39	-25.35	23	24	1.21	30	42	14.48	73	49	-28.97	64	70	7.24	90	18	-86.90
PC distress	34	16	-11.98	15	11	-2.66	17	54	24.63	39	34	-3.33	37	37	0	0	0	0
DASS Depression	7	7	0	6	5	-1.5	3	5	3	4	8	6.1	8	10	3	2	0	-3
AAQ-II	37	27	-6.79	18	20	1.36	21	7	-9.50	34	37	2.04	17	21	2.71	27	7	-13.57
CFQ	42	30	-7.39	25	24	-3.62	32	24	-4.93	30	35	3.08	27	12	-9.24	25	7	-11.09
SSPS	28	31	2.93	40	36	-3.91	44	55	10.76	27	33	5.87	15	31	15.65	41	53	11.73
WHOQOL	87	75	-3.59	88	87	-0.3	96	81	-4.49	81	77	-1.20	80	76	-1.20	92	114	6.58
																81	73	4.12

M1 refers to the pre-intervention assessment and M2 refers to the post-intervention assessment.

Results can be interpreted according to the following rule of thumb: An RCI ≥ 1.96 , Confidence Interval (CI) of 95%, signifies that the patient is "Recovered" in that measure. An RCI ≥ 1.28 and < 1.96 , CI of 90%, means "Remitted" in that measure. An RCI ≥ 0.84 and < 1.28 , CI of 80%, means "Improved" in that measure. An RCI ≤ -0.84 and > -1.28 , CI of 80%, indicates "Mildly Deteriorated" in that measure. An RCI ≤ -1.28 and > -1.96 , CI of 90%, signifies "Moderately Deteriorated" in that measure. Finally, an RCI ≤ -1.96 , CI of 95%, indicates "Deteriorated" in that measure.

Shadowed cells in the table represent significant improvements in respective measures.

RCI: Reliable Change Index; PC: Paranoia Checklist (paranoid ideation); DASS: Depression, Anxiety and Stress Scales-21 (depressive and anxiety symptoms); AAQ: Acceptance and Action Questionnaire II (psychological inflexibility); CFQ: Cognitive Fusion Questionnaire (cognitive fusion); SSPS: Social Safeness and Pleasure Scale (experience of positive feelings and emotion in social situations); WHOQOL: World Health Organization Quality of Life (quality of life).